

CITY OF DIAMONDHEAD

5000 DIAMONDHEAD CIRCLE
DIAMONDHEAD, MS 39525
228.222.4626

PRIVILEGE LICENSE APPLICATION

ABSOLUTELY NO LICENSE WILL BE ISSUED WITHOUT COMPLETION OF THIS FORM

FOR OFFICE USE ONLY

License No. _____
Date Issued _____
Amount _____
Expires _____

Today's date _____

ABOUT THE BUSINESS

Business Trade Name: _____

Business Location: _____
Street City State Zip

Business Mailing Address: _____

Business Telephone Number _____ Manager Name: _____

State Sales Tax Number _____ Attach Copy of State Sales Tax License

A license will not be issued to a retail business without a State of Mississippi Sales Tax Number Registered in Diamondhead, MS.

ABOUT THE OWNER/APPLICANT

Owner/Applicant's Name: _____

Owner/Applicant's Physical Address, Place of Residence: _____
(No P.O. Boxes)

Owner/Applicant's Telephone Number: _____ Or: _____

Type of Ownership: Corporation () Partnership () Sole Ownership ()

If your business is a partnership or Corporation, the name of each partner or officer is:
NAME ADDRESS TITLE

Retail Value of Stock in inventory _____

What sort of business are you conducting? (Please explain in detail) _____

If your business is a Corporation, what is the Corporation Office Address: _____

Date began at this location: _____

Is this Application for a New Location? Yes () No ()

Does your Business have any of the following? (If so, how many?)

Pool Tables _____ Music Box _____ Video Games _____ U-Hauls _____ Cigarette Machine _____ Weighing Machine _____

Soft Drink Machine _____ Gum/Candy _____ Postage Stamp Machine _____ Other Vending Machines _____ Kiddie Machines _____

(Please specify type of machine and amount needed to operate, i.e., nickel, dime, etc.) _____

Is your business selling/serving beer? Yes _____ No _____

Is your business serving food? Yes _____ No _____ Provide copy of Food Permit

AFFIDAVIT

I do solemnly swear that the information given above is true and correct to the best of my knowledge. The total number of full-time employees (30 hours or more in a 7 day week) & partners, including myself as owner for the previous 12 months is _____. I am compliant with and agree to remain in compliance with all City of Diamondhead ordinances. This information is subject to audit by the City of Diamondhead and any person who willfully makes any false statement on an application for a Privilege License shall be guilty of a misdemeanor. (S 27-17-453 Miss. Code). I understand that a Privilege License does not make legal any act declared illegal by the State of Mississippi.

**PLEASE RETURN THIS APPLICATION SIGNED
BY APPLICANT WHERE INDICATED**

Date: _____

Applicant's Signature

Date Received: _____

Deputy's Signature

NOTARY FOR NEW BUSINESS APPLICANTS

Signature of Applicant

Signature Notary Public

(SEAL)

My Commission Expires _____